PERFORMANCE EVALUATION

FORM AND INSTRUCTIONS FOR UUP PROFESSIONALS

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND

POLICY

The purpose of this procedure is to implement the provisions of the Policies of the SUNY Board of Trustees, the Memorandum of Understanding between SUNY and UUP, the Agreement between the State of New York and UUP, 1999-03, and the MOU between SUNY Cortland and UUP Cortland Chapter concerning the evaluation of the professional staff.

Evaluation is a continuing process carried out on a daily basis. Formal evaluation should be the expression of this ongoing process.

This procedure shall serve to:

1. provide the college president with consultation in making a decision to renew or non-renew a professional's appointment;
2. provide the college president with consultation in decisions on promotions and discretionary salary increases;
3. provide a base for performance improvement;
4. be a guide to reevaluate job functions;
5. provide a basis for career growth.

INSTRUCTIONS

I. PROFESSIONAL PERFORMANCE EVALUATION

The Office of Human Resources is responsible for notifying the supervisor that a professional evaluation is due.

A. The immediate supervisor will send a "Confidential Professional Employee Evaluation Form" to the identified secondary sources. In any given period secondary sources may be replaced by consulting with the employee.

B. The supervisor will prepare a preliminary evaluation report using the official professional performance evaluation form provided by the Office of Human Resources and a new performance program.

C. The supervisor and the professional employee will meet to discuss the preliminary evaluation and recommendations. This preliminary report will include a summary characterization of the employee's performance as "satisfactory" or "unsatisfactory." Commendable performance and/or areas in need of improvement should be identified.

D. Based upon the evaluative materials and information obtained during discussion in accordance with (A) through (C), the supervisor will prepare a final written evaluation which will include a summary of the professional's performance. A new performance program will be attached.

E. The professional may comment in writing on the evaluation.

F. A final dated copy will be provided to the professional. The original written, dated and signed report will be placed in the Official Personnel File that is located in the Office of Human Resources.

II. SECONDARY SOURCE EVALUATIONS

The supervisor will solicit a written statement from the identified secondary sources and request an assessment of the quality of the service provided by the professional. The secondary source shall indicate if she/he will permit his/her name and specific comments to be released to the employee being evaluated.

STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND

PROFESSIONAL PERFORMANCE **EVALUATION**

EMPLOYEE'S NAME: _____ DATE: _____

OFFICE/DEPARTMENT: _____ EVALUATION PERIOD: _____ TO: _____

CAMPUS TITLE: _____

BUDGET TITLE: _____

INITIAL APPOINTMENT DATE: _____ CURRENT PROGRAM DATES: _____ TO: _____

APPOINTMENT DATE TO TITLE: _____ AMENDMENT DATE TO PROGRAM: _____

IMMEDIATE SUPERVISOR/TITLE: _____

If appropriate, the performance of professionals is to be examined in view of the following criteria: Effectiveness in Performance, Mastery of Specialization, Professional Ability, Effectiveness in University Service, and Continuing Growth. Other criteria as appropriate may also be considered. For a definition of these criteria, please refer to the 1989 Memoranda of Understanding between United University Professions and the State University of New York, page 6.

PART 1:

The employee will be rated on a scale of 1 (*unsatisfactory*) to 5 (*outstanding*). A description for each rating is provided below. Please take careful consideration when assessing the employee's performance.

1- *Unsatisfactory:* employee does not meet minimum job requirements
2- *Marginal:* employee meets some job requirements, but improvement is necessary
3- *Good:* employee effectively meets all job requirements
4- *Excellent:* employee meets and often exceeds job requirements
5- *Outstanding:* employee consistently exceeds job requirements
N/A *Not Applicable*

EFFECTIVENESS IN PERFORMANCE – (DSI Percentage carried from performance program - %)

Dependability and reliability(Ability to trust the individual with duties that have been assigned to him/her; responds to messages/inquiries in a timely fashion.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Initiative and Flexibility (the degree of skill in adjusting to changing conditions and work needs; the extent to which he/she develops ideas and implements them.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Job Knowledge (The extent to which the individual is current and accurate in knowledge and practices related to responsibilities of his/her position.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Quality of Work (The extent to which the individual's work is accurate, thorough, consistent, clear, and of high merit.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Comments – Effectiveness in Performance

PROFESSIONAL ABILITY (DSI Percentage carried from performance program - %)

Communication (The individual effectively conveys what he/she needs and expects from others within the department and with those from other areas.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Leadership (His/her opinions and contributions are highly respected by the department; others seek his/her advice, may demonstrate necessary skills to be a leader.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Planning and Organization (Ability to plan work, set priorities and goals, and meet deadlines.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Creativity (Ability to execute responsibilities and approach problems in new, innovative, and original ways.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Comments – Professional Ability

EFFECTIVENESS IN UNIVERSITY SERVICE AND CONTINUING GROWTH (DSI Percentage carried from performance program - %)

Contributions to the college and college community. (The extent to which the individual is committed and dedicated to the college; the effort put forth to better the college and college community, e.g. committee work and/or campus events))

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Professional Development (The extent to which the individual is committed to professional growth. For supervisory level employees, the extent to which he/she fosters professional growth among his/her staff. This may include new degrees earned, licenses, honors, and awards.)

☐1 ☐2 ☐3 ☐4 ☐5 ☐ N/A

Comments – Effectiveness in University Service and Continuing Growth

PART 2:

SUMMARY OF PERFORMANCE AND ATTAINMENT OF GOALS AND OBJECTIVES: (Evaluative comments – In this space supervisor should make specific comments about the employee's performance in regards to the primary duties and responsibilities and the short and long-term objectives identified in the Performance Program for this evaluation period. Also cite commendable performance and/or areas in need of improvement.)

SUMMARY OF SECONDARY SOURCE RESPONSES: (In this space give a synopsis of the comments made by those identified as secondary sources.)

PART 3:

EMPLOYEE COMMENTS MAY BE PROVIDED: (Attach additional sheets if necessary)

PERFORMANCE EVALUATION SUMMARY

OVERALL PERFORMANCE RATING:

☐ Satisfactory ☐ Unsatisfactory

An employee who seeks a review of an "Unsatisfactory" evaluation, must inform in writing the supervisor, the Committee on Professional Evaluation and the College President within ten working days.

Is this an annual evaluation that accompanies a recommendation for renewal or non-renewal of an appointment?

☐ Yes ☐ No

If yes, the recommendation is:

☐ Renewal (If the employee is a full-time professional holding a term appointment, an Abbreviated Renewal Form (Form 6) should be completed. If yes, and the employee is part-time or holding a temporary appointment, an Abbreviated Reappointment Form (Form 7) should be completed.)

☐ Non-renewal (Please notify Human Resources.) An employee who is being recommended for non-renewal has five working days from the date of the vice president's signature to file a statement to the President in response to this evaluation.

I have read this evaluation and discussed it with my supervisor. My signature does not necessarily represent agreement.

_____ _____
SIGNATURE OF EMPLOYEE DATE

_____ _____
SIGNATURE OF SUPERVISOR DATE

I endorse the recommendation noted above (*check yes or no and forward a copy of this summary to employee*).

☐ Yes ☐ No

_____ _____
SIGNATURE OF SUPERVISOR'S SUPERVISOR (IF APPROPRIATE) DATE

I endorse the recommendation noted above (*check yes or no and forward a copy of this summary to employee*).

☐ Yes ☐ No

_____ _____
SIGNATURE OF APPROPRIATE VICE PRESIDENT DATE

NEW PERFORMANCE PROGRAM MUST BE ATTACHED

DISTRIBUTION:
ORIGINAL: OFFICIAL PERSONNEL FILE
COPIES: EMPLOYEE
EVALUATING SUPERVISOR
SUPERVISOR'S SUPERVISOR